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APPLICANTS

Robert T. Spector, New Haven, CT;

** CONTINUING DATA ***** (none) gjs

** FOREIGN APPLICATIONS ***** (none) gjs

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged <i>John B. Sanders</i> Examiner's Signature	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Initials	CT	11	7	4

ADDRESS

Thomas J. Perkowski, Esq., PC
 Soundview Plaza
 1266 East Main Street
 Stamford, CT
 06902

TITLE

METHOD OF AND APPARATUS FOR DIAGNOSING AND TREATING AMBLYOPIC CONDITIONS IN THE HUMAN VISUAL SYSTEM

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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